

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024830

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6506

FILED JUL 6 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis, Missouri**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo**

b. COUNTY

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **BARNES HOSPITAL**

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
5336 Reber Pl.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First Middle Last
Bernard G. Knese

4. DATE OF DEATH

Month Day Year
June ; 30 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-10-1886

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Printer

10b. KIND OF BUSINESS OR INDUSTRY

Printing

11. BIRTHPLACE (City and state or country)

St. Louis Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

HermKnese

13b. MOTHER'S MAIDEN NAME

Elizabeth Schmitt

14. NAME OF HUSBAND OR WIFE

Anna M. Knese

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address

Mrs. Anna Knese, 5336 Reber Pl.

18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic carcinoma Liver

INTERVAL BETWEEN ONSET AND DEATH

several

months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

156,2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

June 26, 1962

June 30, 1962

June 30, 1962

Death occurred at **8:35 p.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

FR Bradley M.D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

7/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-3-62

23c. NAME OF CEMETERY OR CREMATORY

SSPeter & Paul Cemetery

23d. LOCATION (City, town, or county)

St. Louis Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Wingbermuehle Funeral Home 3819 S. Grand JUL 2 1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Earl Smith. M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George P. Englemund

Licensed Embalmer No. 4611

P. O. Address Harris 18th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.